IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

FREDDIE JONES, LUKE JONES, TRENNA JONES, RALPH JONES, LAVON JONES and JIMMY FREEMAN, as Surviving Children of ELNORA JONES, Deceased,

Plaintiffs,

Vs. Case No.2:07-cv-02120-BBD-tmp

ABBOTT LABORATORIES,

Defendant.

THE DEPOSITION OF R. FRANKLIN ADAMS, MD

August 24, 2011

VIDEO DEPOSITION

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thing.
Q. Do you have any subspecialties within the field of rheumatology that you focus on or you generally treat?
A. Well, it's all clinical. I don't do research or scientific type investigations.
Q. But you don't focus on any particular one of these rheumatology diseases you treat?
A. No. It just works out that rheumatoid is probably the most time consuming. Certainly, that's the bulk of the difficult cases that we see.
Q. From what medical school did you graduate?
A. University of Tennessee here in Memphis.
Q. And what year did you graduate?
A. 1963.
Q. And after you graduated from medical school, did you complete any internships?
A. I went to the Graduate Hospital at University of Pennsylvania for a year of general internship there.
Q. And in what field of medicine did you do that internship?

increasing vertebral body fractures. And we, she had an innate intolerance to the usual disease modifying agents. So this was a new option to consider, and we gave it strong consideration.

Q. Does this note mean that you had started discussing the option of Remicade with Ms. Jones?

MR. PERDUE: Object to the form.

Q. (BY MR. BAUTISTA:) You can go ahead and answer the question. He just stated an objection for the record.

A. Oh, that's what he was doing?

Q. Yeah.

A. I couldn't -- yes.

Q. And generally, in this time period, could you tell me how you would explain the TNF inhibitor option to patients like Ms. Jones?

A. I would just translate the previous paragraph that you verbalized, trying to make it simple but informative. And it would be an option that we should consider, and give her a rundown on the risks and the benefits, and potential toxic reactions, and to weigh it,

and we'll think about it and talk about it. I was in favor of giving it a trial, personally. But it was her decision to, to make. It always is.

Q. Right. Let's see. If we could move forward to Adams Page 83, which is now in the end of 2000, in December of 2000. There's a report from you dated December 29th, 2000. I believe it says increased something, arthritis?

A. Polyarthritis. It's inflammation of the joints.

Q. So at this point in December of 2000, she, her rheumatoid arthritis is progressing even worse?

A. Correct.

Q. And so you make a note that she, you really need to, really must -- well, I'm not exactly sure what that sentence is. It says something, really something, TNF prescription?

A. Really needs TNF treatment. That's my, that was my judgment call.

Q. So as we were discussing earlier, for all the reasons of her advanced disease state, and

is 2004?
Q. Yes.
A. The drug had only been out a year. There wasn't a whole lot of story line about that drug at that time in terms of -- any of the TNF's was a kind of a whisper in the background about the risks of lymphomas. And it wasn't absolutely clear at that point where we stood. It still doesn't, for that matter, in my mind. But in general, yeah, I went over everything with her the best I could, and you know, always presented a fair minded picture where I thought we should go. I still think it was the logical thing to do, that which we chose to do, and why we did it.
Q. So after balancing the benefits against the risks, you reached in your independent clinical medical judgment to prescribe Humira to Ms. Jones in late 2004?
A. I did.
Q. And so in your decision to prescribe Humira, it was your clinical judgment that the likely benefits of Humira outweighed the potential risks or side effects from the drug?

rheumatoid arthritis?

A. Yes.

MR. PERDUE: I object to the form.

A. I think I heard you right.

Q. Today you continue to when you are prescribing, decision making to consider the studies where they are attempting to -- attempting to determine whether there is an increased risk of lymphoma in rheumatoid arthritis patients on biologics compared to rheumatoid arthritis patients who are not on biologics?

A. I think that is fair. I would say that the dialogue has become more dispersed in the arthritis rheumatoid family, if you will, so it doesn't come as a shock out of the bolt, out of the blue when you bring that up. But I still present it as an unknown fact and yes, I'm sorry, sir, but that there is a risk of lymphoma with your disease. And whether it is exaggerated with the drug we haven't yet proven yet. And but it is I do -- I speak in that term more and more with each patient at this stage of the game.

This statement I think is apropos. I don't have any problem with the while patients with RA may have higher risks for the development of lymphoma, and the role is not known. That label is -- I mean, I agree with that entirely.

Q. So you would agree that warning about lymphoma that you just read in the December 2002 label was consistent?

A. If you call that a warning. It is more of a declaration of uncertainty it sounds to me like.

Q. Let me rephrase. You would agree that the language in the product label for Humira in December of 2002 concerning lymphomas is consistent with your understanding of the knowledge, the state of the art knowledge about the risk of lymphoma from TNF inhibitors at that time period?

MR. PERDUE: Object to the form.

A. I accept that. Yes.

Q. (BY MR. BAUTISTA:) Looking at what has just been given to you marked as Exhibit 4. So I think you had explained to us during a

A. I'm glad you did. I would think if Abbott really wanted me to do that, that they would come and sit me down and give me who, what, why, when, where about it precisely. Abbott may have a different perspective than I think the patient has. Abbott may be protecting their own skin, and in the process they don't care if three people get scared off, they are going to, you know, they may come out that they have got so many patients dying for it that they don't care. But the three they lost may be the three that should have gotten it in the first place. It is very philosophical. It is not black or white, and I'm sympathetic to every question you are asking me, and I wish it was a perfect world and I wish I was a perfect physician.

Q. Do you have any recollection of any Abbott sales representatives ever --

A. I don't. I don't. We talk all the time. They are there, you know, every two weeks. We have all sorts of discussions.

Q. Do you recall somebody by the name of Kirkland LaLance? Does that name ring a bell

conversation regarding a prescription; fair? Is that true?

A. I say yes. Okay.

Q. I am wondering if you ever recall presenting the actual written informed consent form for the use of Humira to a patient enrolled in the HERO Study?

A. I don't know. I tell you what, what really happens is that all that happens before I mean, beyond around me. I have a team of people that run all of these studies, and I really, I am just the physician. That type of data for better for worse is not my forte and I don't have time to do. That is not the way to answer it, but I really don't deal with the persnickety details.

Q. I take it by that, anything that is a communication into your office related to a clinical study on Humira in which Ms. Inman is copied, she probably took it and was in charge of it?

A. You better believe it. You are talking to the wrong person here.

Q. I get that impression. For any financial

but I don't remember exactly anything precise. I just don't know. It has been a long time ago.

Q. Was Ms. Jones a patient who was compliant with your medical instructions?

A. I think so. It might have been a few times when she decided she wanted to do her things her way, which is, you know, she is a lovely lady. I enjoyed her very much. No real conflict that was serious. I saw those notes in there we presented her with an option of, what was the -- we discussed an option with two pharmaceuticals, and she chose the Amgen route. And I can't remember whether that is the one she chose. We talked about it, and it is in the record there.

Q. Yeah, I was trying to figure out. Do you know what, the other word is Narvotis?

A. The other is Narvotis, that's correct. Yes.

Q. What TNF blocker, to your knowledge, is manufactured by Narvotis?

A. I don't know. I can't remember.

Q. When you used the term lymphoma overlap

follow-up questions based on the questioning that you have went through with Mr. Perdue, if you are done.

MR. PERDUE: I pass the witness.

REDIRECT EXAMINATION

BY MR. BAUTISTA:

Q. Do you recall questioning by Mr. Perdue about the compensation you received for your participation as a clinical investigator in the HERO clinical studies sponsored by Abbott? Do you recall that line of questioning?

A. Yes.

Q. Would it be fair to say that participation, or compensation for participation in clinical studies is not a significant source of revenue for you?

A. Yes. Say that again, and let me think through that now.

Q. Could you go ahead, so it is said correctly.

(Whereupon, the question was read by the reporter.)

A. I withdraw that. No, I think it is significant.

know, direct payments for, you know, putting patients on Humira as opposed to some other TNF inhibitor; is that correct?

MR. PERDUE: Object to the form.

A. Is that a contradiction?

Q. Let me say it this way. You didn't receive payments from TNF inhibitor companies to, you know, prescribe, you know, that company's TNF inhibitor to a patient?

MR. PERDUE: Object to the form.

A. Are you not contradicting yourself when you say that?

Q. Okay. Maybe I am stating it --

A. Let me make one comment here. I never -- this study, and I have never had a situation quite like that in my whole career at this quote unquote, HERO Study. And I wasn't happy with it, and I wasn't proud of it. It just was what they came up with and that was the only way I could access patients into this drug. And most -- you asked about the -- I would like to defend myself here. Most drug studies are not compensated on find a patient and I will give you a check. They are

compensated for doing a research project of a double-blind placebo controlled nature that are very valuable studies. And they are scientifically based and yeah, there is compensation for it, but a hell of a lot of work and it is very dedicated work. This is a little obtuse as far as I'm concerned.

I played ball with them simply to get access to the drug for patients that were in need. These drugs are extremely valuable, and yes, they have their potholes, but they are extremely valuable to the masses for treatment of rheumatoid arthritis, and many, many people cannot afford them. And I guarantee Abbott no longer pays anybody for patients on their pills.

Q. Do you remember the line of questioning about Abbott salespersons?

A. I was thinking to myself. Go ahead, I'm sorry. I lost my train of thought.

Q. Do you recall the line of questioning from Mr. Perdue about Abbott salespersons having conversations with you about Humira?

A. Yeah, I just was vague on it but, yeah.

So? I'm sure they did if he found it in there, but I don't recall.

Q. But all the time --

A. And I seek these guys out for information all the time. Don't get me wrong, I ask them everything I can think to ask them. And they are usually great resources. We have excellent relationships with these people, the detail people.

Q. But you make your own independent decision on what drug to prescribe a patient notwithstanding what any company salesperson says to you?

A. Absolutely. Of course. Just like in this case, I gave this lady two options, and the only two I could think that she could possibly afford, and I was going to have to work to get those. She chose the one we used. It was her choice, not mine.

Q. Then my final set of questions. You never made any assessment or determination about the cause of Ms. Jones' lymphoma; is that correct?

A. I never was asked. I say that and I

COURT REPORTER'S CERTIFICATE

STATE OF TENNESSEE:

COUNTY OF SHELBY:

I, MADELYN GRAY, Reporter and Notary Public, Shelby County, Tennessee, CERTIFY:

1. The foregoing deposition was taken before me at the time and place stated in the foregoing styled cause with the appearances as noted;

2. Being a Court Reporter, I then reported the deposition in Stenotype to the best of my skill and ability, and the foregoing pages contain a full, true and correct transcript of my said Stenotype notes then and there taken;

3. I am not in the employ of and am not related to any of the parties or their counsel, and I have no interest in the matter involved.

WITNESS MY SIGNATURE, this, the _____ day of _____, 2011.

_____

MADELYN GRAY, Court Reporter,
Notary Public for the State of
Tennessee at Large * * *

My Commission Expires: February 2012